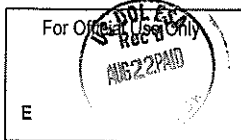


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11822</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Joseph</u> <u>A</u> <u>Molnar</u> P.O. Box, Bldg., Room No., if any Street <u>2752 Hilltop</u> City <u>Parma</u> State <u>Ohio</u> ZIP Code + 4 <u>44134</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No. 507</u> Labor Organization File Number <u>064-048</u> P.O. Box, Building and Room Number, if any Street <u>5425 Warner Rd., #7</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44125</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Joseph Molnar</u>	On <u>8/13/2005</u> Date	<u>216-328-0111</u> Telephone Number

Name of Person Filing Joseph Molnar

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Legg Mason Wood Walker, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 Public Sq.

City Cleveland

State Ohio

ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cleveland Bakers and Teamsters P, HW Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E. 19th St.

City Cleveland

State Ohio

ZIP Code + 4 44114

11.a. Nature of such dealing.

Investment advisors

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attendance at Christmas party

12.b. Amount.

\$100

Name of Person Filing Joseph Molnar	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Faulkner, Muskovitz & Phillips, LLP</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 820 W. Superior Ave., Ninth Floor</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44113</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Teamsters Local Union No. 507</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 5425 Warner Rd., #7</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44125</p>	<p>11.a. Nature of such dealing.</p> <p>Legal counsel for Union</p>
	<p>11.b. Approximate dollar value of such dealing. _____</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Christmas gift on 12/20/04</p>
	<p>12.b. Amount. \$65</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

Name of Person Filing Joseph Molnar

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bakers Local Union No. 19

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E. 19th St.

City Cleveland

State Ohio

ZIP Code + 4 44114

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Local Union No. 507

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5425 Warner Rd., #7

City Cleveland

State Ohio

ZIP Code + 4 44125

11.a. Nature of such dealing.

Participant and recipient of Funds' benefits

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Christmas gift on 12/20/04

12.b. Amount.

\$40

Name of Person Filing Joseph Molnar

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Teamsters Local Union No. 507 CER Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5425 Warner Rd., #7

City Cleveland

State Ohio ZIP Code + 4 44125

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Local Union No. 507

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5425 Warner Rd., #7

City Cleveland

State Ohio ZIP Code + 4 44125

11.a. Nature of such dealing.

Participation as a member of Teamsters Local Union No. 507

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Participation in Charitable, Educational and Recreational activities with and on behalf of members of Teamsters Local Union No. 507

12.b. Amount.

\$827